

PTO/SB/52 (03-02)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) S63.2-10389
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Quanam Medical Corporation</u> and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Inventor		Citizenship
Residence/Mailing Address		
Inventor		Citizenship
Residence/Mailing Address		
<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number 6,019,789		Date of Patent Issued 02-01-2000
Title of Invention Expandable Unit Cell and Intraluminal Stent		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: Expandable Unit Cell and Intraluminal Stent		
the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>02-01-2002</u> as reissue application number <u>10</u> / <u>061,458</u> and was amended on <u>02-01-2002</u> (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		

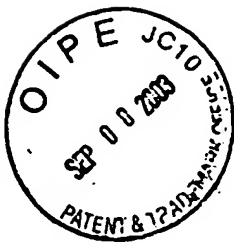
[Page 1 of 2]

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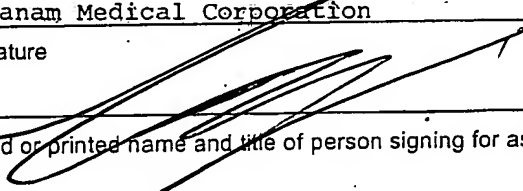
REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) S63.2-10389					
<p>At least one error upon which reissue is based is described as follows:</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>							
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td colspan="2">All of the attorneys associated with customer number 490</td> </tr> </table>				Name(s)	Registration Number	All of the attorneys associated with customer number 490	
Name(s)	Registration Number						
All of the attorneys associated with customer number 490							
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> Customer Number </div> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;">490</div> <div style="margin-right: 20px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  <p>Number Bar Code 00490 PATENT, TRADEMARK OFFICE</p> </div> </div> <p style="margin-left: 100px;"><i>OR</i></p> <p style="margin-left: 150px;">Type Customer Number Here</p>							
<input type="checkbox"/> Firm or Individual Name							
Address							
Address							
City	State	Zip					
Country							
Telephone		Fax					
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>							
Full name of person signing (given name, family name)							
<div style="display: flex; justify-content: space-between;"> <i>Lawrence J. Knight</i> VP Legal </div>							
Signature	Date <i>6/4/02</i>						
Address of Assignee							



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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) S63.2-10389
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <u>Dihn et al.</u>		
Patent Number <u>6,019,789</u>	Date Patent Issued <u>02-01-2000</u>	
Title of Invention <u>Expandable Unit Cell and Intraluminal Stent</u>		
1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)		
2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.		
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.		
The assignee(s) owning an undivided interest in said original patent is/are <u>Quanam Medical Corporation</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) <u>Quanam Medical Corporation</u>		
Signature 	Date <u>8.19.03</u>	
Typed or printed name and title of person signing for assignee (if assigned) <u>Lawrence J. Knopf, VP & Asst. General Counsel</u>		

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